

100 REST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10 / 568378							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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12							62						
13							63						
14							64						
15							65						
16							66						
17	2	0					67						
18							68						
19							69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓	↓	TOTAL IND.		↓		↓	↓	↓
TOTAL DEP.	14	←		←	←	←	TOTAL DEP.		←		←	←	←
TOTAL CLAIMS	16	←	████████	████████	████████	████████	TOTAL CLAIMS		████████		████████	████████	████████